



Float Car Rental CDW Claimant Statement

Attention: Float Claims

Telephone: 1-888-519-5451

Email: Float@crawco.ca

CLAIM REQUIREMENTS:

- A) Credit Card Verification (*last 4 digits* and photo of embossed name)
- B) rental agreement
- C) rental inspection form – pre and post rental period
- D) police report or other report to local authorities;
- E) the itemized repair bill, or if not available, a copy of the estimate;
- F) photos of damage area and odometer reading
- G) payee details or receipt for paid repairs or copy of Your billing statement if any repair charges were billed to Your Card
- H) other supporting documentation as determined/requested by the Crawford Adjudicator

Please note a digital signature can be utilized to complete the PDF Fillable version of this form. Should you wish to hand sign the completed form; please print, sign, scan and then submit to the Crawford & Company (Canada) Adjudicator.

When completing this form please ensure only the *last 4 digits* of the credit card are written. Failure to do so will result in the claim form being returned to you

YOU WILL BE CONTACTED BY A CLAIM ADJUSTER IF
ADDITIONAL INFORMATION OR DOCUMENTATION IS
REQUIRED.

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POLICY HOLDER /INSURED

Insured's Name _____	Phone No. (H) _____
Insured's Residential Address _____	Phone No. (W/Cell) _____
Email Address: _____	
Policy Number: _____	_____
Credit Card Issuing Bank _____	_____
Credit Card Number (last 4 digits): _____	_____
Credit Card Name on Card _____	

RENTAL VEHICLE INFORMATION PART A

Driver's Name & Address _____	_____	
Phone Number & Email _____	_____	
Name of Rental Company: _____	_____	_____
Vehicle Make: _____	Vehicle Model: _____	Vehicle Year: _____
Rental Agreement No.: _____	Amount Claimed: _____	Rental Vehicle Plate #: _____
Explanation of Amount Being Claimed: _____		
Initial Rental Pick Up Date: _____	Drop off Rental Date: _____	
dd/mm/yyyy		dd/mm/yyyy

LOSS DETAILS PART B

Date of Loss: _____	Time of Loss: _____ am__pm__
Loss Location: _____	
Description of Accident/Incident: _____	
<i>Please include all photos from the accident and/or of the vehicle damage with your claim submission.</i>	
Accident/Theft Reported to: Police <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify): _____ Report No.: _____ None <input type="checkbox"/>	
Officer Name: _____	Badge No.: _____
Name of Police Department: _____	Detachment: _____
Charges Laid: _____	
Select Damage Type (more than one may be selected):	
<input type="checkbox"/> Rental Vehicle Struck in Rear <input type="checkbox"/> Other vehicle(s) struck in rear <input type="checkbox"/> Intersection Collision <input type="checkbox"/> Parking lot collision/incident <input type="checkbox"/> Parked & Unoccupied <input type="checkbox"/> Tire(s) <input type="checkbox"/> Vehicle attachments/extensions <input type="checkbox"/> Glass <input type="checkbox"/> Interior Damage <input type="checkbox"/> Other (Please provide description: _____)	
If Rental Vehicle Driver involved in the accident/incident was not the Registered Renter, please provide the name and contact information for the driver below: _____	

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OTHER INSURANCE INFORMATION PART C

Do you have any other insurance (automobile insurance) that may provide coverage for this accident or loss?
 Yes No *If you selected Yes, please complete the following section.*

Insurance Company Name:	Address:
Policy Number:	Has Claim Been Filed? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the Adjuster's Name:	Adjuster Phone No.:
Adjuster's Claim Number:	Claim Status:

REPAIR/LOSS DAMAGE DETAILS PART D

1. Please provide the full details of your claim, including the damage/collision sustained and circumstances of said accident or loss:

2. Please provide the name and contact information of the repair facility and the amount being claimed for reimbursement (if applicable):

3. What is the area of damage to the vehicle: _____ **Repair Invoice Total:** _____

4. Has repair shop indicated item is not repairable: Yes No Has item been repaired? Yes No

5. Amount of this claim \$ _____ Currency _____ Amount Paid By Other Insurance (if any) \$ _____

6. Benefits are payable to (check one) Cardholder Rental Company Other

AUTHORIZED REPRESENTATIVE INFORMATION PART E (if different than 'Insured Information' above)

Claimant Representative Name	Relationship to Insured
Representative Address	Phone No. (H)
Phone No. (Work/Mobile)	Email Address:

AUTHORIZATION AND CLAIM CONSIDERATIONS PART F

If you do not have any other insurance that would cover this loss, please complete the 'Certification of No Other Insurance' below:

Signature:	Date:
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AUTHORIZATION & CONSENT

Privacy Notice: I understand that the information provided by me on this claim form and otherwise in respect of my claim, is required by Crawford & Co (Canada), Chubb Insurance and/or Chubb Life Insurance, its reinsurers and authorized administrators (the "Insurer") to assess my entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and coordinating coverage with other insurers. For these purposes, the Insurer will also consult its existing insurance files about me, collect additional information about and from me, and where required, collect information from and exchange information with, third parties. The Insurer will establish a claims file to which access will be restricted to authorized employees, vendors and agents of the Insurer and to persons authorized by law. If I have the right to access the information, access will be given to me or such persons as I may authorize. I understand that in some instances, the employees, service providers, agents, reinsurers, and any of their providers, of Chubb may be located in jurisdictions outside Canada and my personal information may be subject to the laws of those foreign jurisdictions. I consent to the collection, use, and distribution of my personal information as may be required for these purposes as of the date of signing of this Claimant Statement and understand that such consent will remain in place until such time as I may revoke it. **To find out more about the Chubb Privacy Policy or our privacy practices** please visit chubb.com/ca or send a written request to: Privacy Officer, Chubb, 199 Bay Street - Suite 2500, P.O. Box 139, Commerce Court Postal Station, Toronto, Ontario M5L 1E2.

Authorization Notice: I AUTHORIZE any insurance company, any travel organization or agency, airline carrier, cruise line, tour operator, rental agency, hotel, motel or similar entity providing lodging on a rental/lease basis any repair facility, vendor, seller or retail establishment or

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any other person who may have knowledge regarding this claim to release any information requested by the Insurer or Crawford & Co (Canada) regarding this claim and the loss.

Claimant's Certification: I understand that Crawford & Co. (Canada) is acting as a Third Party Administrator ("TPA") and handling these claims on behalf of Chubb Insurance or Chubb Life Insurance Company of Canada. The above statements are true and complete to the best of my knowledge and belief. In the event of a false or misleading statement in the making of this claim, coverage can be cancelled, payment of benefits denied and past claims payments recovered without refund of any premiums paid. I agree to refund to the Insurer, the amount of any payments made in the event that such amounts should not have been paid in respect of my claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

By signing this Claim Form, I certify that all information given above is true and complete to the best of my knowledge.

Signature: _____ **Date Signed:** _____/_____/_____
dd/mm/yyyy

Print Name: _____